Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>04-25-2010</u>	Address:	8200 BLOCK SR 64
Case #:	<u>34F36276</u>		MILLTOWN IN
County:	CRAWFORD		<u>47145</u>
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (compared Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) ☐ Lithium/Ammonia Reaction(s): ☐ Red Phosphorous/Iodine Reaction(s): BED OF TRUCK ☐ Flammable Solvents: BED OF TRUCK			
☐ Annydrous Annholia ☐ Hydrochloric Acid Gas Generator(s): BED OF TRUCK			
Corrosive Acid: BED OF TRUCK			
Corrosive Base: BED OF TRUCK			
Other (item and location):			
Child under age 18 discovered (check one) ☐ Yes (number present) ☐ No *If yes, fax report to Child Protective Services		 Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: TRAFFIC STOP 	
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: ENGLISH FIRE DEPT	Fax: <u>338-3000</u> Fax: <u>338-3522</u>	
Health Department: <u>CRAWFORD CO</u>		Fax: <u>N/A</u>	
Child Prote	ction Service: <u>CRAWFORD</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>C. PIRTLE</u> Phone <u>800-742-7475</u>			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.